



**POLITICAL ACTION COMMITTEE  
OR LEGISLATIVE CAUCUS COMMITTEE  
STATEMENT OF ORGANIZATION**

State Form 28251 (R9/9-09)  
Indiana Election Commission (IC 3-9-1-3 and IC 3-9-1-4)

(CFA - 2)

**PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK SEE INSTRUCTIONS ON REVERSE SIDE.**

**FILE NUMBER**

1. IS THIS AN AMENDMENT? ☐ NO ☒ YES - If YES, please enter the file number in this box ☐

**116**

**SECTION A COMMITTEE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.**

2. Full name of committee (Do Not abbreviate) <input type="checkbox"/> Check if this is a new name <b>GREATER INDIANAPOLIS REPUBLICAN FINANCE COMMITTEE</b>			3. Acronym or Abbreviated Name (if any) <b>GIRFCO</b>		
4. Mailing Address <input type="checkbox"/> Check if this is a new address <b>47 S. PENNSYLVANIA ST, STE. 300</b>			5. E-mail address (Optional)		
6. City <b>INDIANAPOLIS</b>	State <b>IN</b>	Zip Code <b>46204</b>	7. FAX (Optional)	8. Telephone <b>(317) 635-8881</b>	9. Committee Organization Date (MM-DD-YY) <b>09/01/1976</b>
10. Is this committee registered with the Federal Election Commission? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			11. Is this committee a "Legislative Caucus Committee" under IC 3-5-27.3? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
12. State the purpose of the committee and on which issues the committee expects to focus.					
13. Name and address of any connected, affiliated, sponsoring organization, corporation, group, or individual.			14. Party Affiliation Is this committee supporting a political party's entire ticket? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
15. If supporting or opposing a public question, state both the subject of the question AND the committee position.					
16. Chairperson's Full Name <input type="checkbox"/> Check if this is a new chairperson <b>Ersal Ozdemir</b>			17. E-mail address (Optional)		
18. Mailing Address <input type="checkbox"/> Check if this is a new address <b>47 S. Pennsylvania St Suite 300 Indianapolis IN 46204</b>			19. Telephone (Day) <b>(317) 635-8885</b>		20. Telephone (Evening)
21. Treasurer's Name <input checked="" type="checkbox"/> Check if this is a new treasurer <b>Paul Okeson</b>			22. E-mail address (Optional)		
23. Mailing Address <input type="checkbox"/> Check if this is a new address <b>47 S Pennsylvania St Suite 300 INDIANAPOLIS IN 46204</b>			24. Telephone (Day) <b>(317) 635-8885</b>		25. Telephone (Evening)
26. Custodian of Records' Name <input checked="" type="checkbox"/> Check if this is a new custodian <b>Amanda Cook</b>			27. E-mail address (Optional)		
28. Mailing Address <input type="checkbox"/> Check if this is a new address <b>47 S Pennsylvania St Suite 300 Indianapolis IN 46204</b>			29. Telephone (Day) <b>(317) 635-8881</b>		30. Telephone (Evening)
31. Bank or Other Depositories (List all banks or other depositories in which the committee deposits funds, hold accounts, rents safety deposit boxes or maintains funds.) <b>National Bank of Indianapolis</b>					

**SECTION B. APPOINTMENT OF TREASURER (IC 3-9-1-14)**

32. I, as Chairperson of the foregoing committee, appoint the following person as Treasurer of the Committee.	Person Appointed Treasurer <b>Paul Okeson</b>	Signature of the Committee Chairperson 
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**SECTION C. ACCEPTANCE OF APPOINTMENT (IC 3-9-1-15)**

33. I give notice that I accept the duties and responsibilities of Treasurer of this Committee. I am not the chairperson of any other campaign finance committee.			FOR OFFICE USE ONLY Confirm Nbr: 11578  <b>JUL 14 2010</b> <b>FILED</b>
34. Typed or printed name of Treasurer <b>Paul Okeson</b>	Signature of Treasurer 	Date (MM-DD-YY)	

**SECTION D. CERTIFICATION OF STATEMENT**

I certify that I am the duly appointed Chairperson of the Committee and have examined this statement. To the best of my knowledge and belief it is true, correct and complete.		
35. Typed or printed name of Chairperson <b>Ersal Ozdemir</b>	Signature of Chairperson 	Date (MM-DD-YY)
<b>Warning:</b> Any information contained in this statement may not be copied for sale or used for any commercial purpose. State law requires that any change in this information be reported within 10 days of the change. (IC 3-9-1-10) A person who knowingly files a fraudulent report commits a Class D felony (IC 3-14-1-13). A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B misdemeanor (IC 3-14-1-14) and may be subject to civil penalties (IC 3-9-4-16, 3-9-4-17, and 3-9-4-18).		